

The original signed copy of this form with original supporting documents must be submitted to the PD Committee at the SSRCE Regional Office. **Fax and email will not be accepted.**

South Shore Regional NSTU Article 60 Professional Development Fund Expense Claim – Conference Grant

- Completed expense claims must be received at the SSRCE Regional Office within **60 days** of the end of the conference.
- This form must be accompanied by **original receipts, in claimant's name** as outlined in the Expense Information section below.
- **NOTE:** This form is not for the annual NSTU Conference Day

Name	Professional Number
Civic Address	
Primary Work Location	Email Address
Conference Name	Conference Dates
Conference Location	
Conference Website	

Travel Information (Travel expenses, lodging and meals are not applicable for Online Learning)		
Distance from home to school (one way)	(a)	km
Distance from home to conference or airport if applicable (one way)	(b)	km
Claimable distance (one way)	(b) – (a) = (c)	km
Claimable distance (round trip)	2 × (c) = (d)	km

Expense Information – Paid as per SSRCE Policy 520 – Staff Travel and Expenses		
Registration	Original Receipts Required – must be in name of claimant. See Guidelines for USD conversion.	\$
Lodging	Original Receipts Required – must be in name of claimant. Maximum \$250/night . Conference must be at least 75 km from the claimant's residence. Not applicable for online learning.	\$
Meals	No receipts required. Maximum \$45 per day (Breakfast \$10, Lunch \$15, Dinner \$20) for meals not included in registration. Not applicable for online learning.	\$
Parking	Original Receipts Required. Maximum \$40 per day. Not applicable for online learning.	\$
Travel by car	Meterage Claim (d) at \$0.5838 per km. For claimable distance see Travel Information calculation above.	km \$
Other Travel	Original Receipts Required – i.e. taxi, Uber, etc.	\$
Transportation Tolls	Original Receipts Required anything over \$15.	\$

Other Please Explain: \$ **Total** Maximum \$3500 allowable every two school years \$

By signing below, I certify that I attended this conference and that all expenses included were incurred by me.

Applicant's Signature				Date		
PD Committee Approval						
PD Co-Chair's Signature				Date		
Explanation	GL Cost Center	Fund	FA	Vendor Number	Amount	Tx Cd
Within Maritimes/Online Learning	814200 68100520	1032	2100580000			14
Outside Maritimes	814150 68100520	1032	2100580000			14